

EQUIPMENT AND STANDARDS REVIEW SECTION  
**TOW TRUCK COMPLAINT  
COVER SHEET**



Date of Incident: \_\_\_\_\_

Complainant: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

Tow Company: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Tow Truck Lic. No.: \_\_\_\_\_

**VIOLATIONS**

**RCW/WAC Number**

**Description**

RCW/WAC Number	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**USE REVERSE SIDE FOR NARRATIVES**

Complaint Investigated By (Name, Rank, Personnel Number) \_\_\_\_\_ (     )  
Phone \_\_\_\_\_

Tow Company Representative (Name and Title) \_\_\_\_\_ (     )  
Phone \_\_\_\_\_

Is the complaint valid? Yes ☐ No ☐ NOT DETERMINED ☐

Has the complainant been notified of the determination? Yes ☐ No ☐

Recommendation:

APPROVED				COMMENTS
	YES	NO	Date	
Captain	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Lieutenant	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	_____	



**COMPLAINT NARRATIVE**  
ATTACH A SEPARATE SHEET IF NECESSARY

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RESPONSE NARRATIVE**  
ATTACH A SEPARATE SHEET IF NECESSARY

Signature \_\_\_\_\_ Date \_\_\_\_\_